

UNITED STATES GOVERNMENT

# Memorandum

TO : Director, FBI (Attn. Criminal Intelligence and  
Organized Crime Section)

DATE: 12-13-73

FROM : SAC, CHICAGO

SUBJECT: CRIMINAL INTELLIGENCE PROGRAM

4/6/82 \*75,128  
9803 red/gce  
ALL INFORMATION CONTAINED  
HEREIN IS UNCLASSIFIED  
DATE 6/15/82 BY 7855 SE  
CLC/GCL

Instructions: (1) On a new subject all categories must be completed. (2) When the status has changed on an old subject only those applicable categories should be completed. (3) Circle in pencil the number opposite the word or words which describes the subject or fill in the blank under each applicable heading. (4) No more than one item may be circled in each category except categories 11, 15, 16, 17, 19 and 20. (5) When none of the items in a category will suffice fill in the blank with the status known; if additional space is needed or if more information is known use the "Remarks" area.

RICHARD SCALZITTI GAW

FBI Number

Name of subject to which this form applies

Origin Office

Bureau File Number

☒ New Subject

☐ Status Change

01 Year of Birth

(use last 2 digits) 31

02 Birth Place

01 U. S.

02 Italy

03 Sicily

04 Naples

05 Calabria

06 Abruzzi

09

03 Birth Verification

01 Birth record

02 Baptismal record

03 Delayed recording

04 INS record

05 Doctor certificate

06 Midwife certificate

07 Not verified

09

04 Status

01 Active

02 Retired

03 Missing

04 Present fugitive

05 Deceased

06 Incarcerated

07 Unknown

05 La Cosa Nostra "Family"

98 Unknown

99 Not a member

06 Rank

01 Boss

02 Underboss

03 Consiglieri

04 Capodecina

05 Former leader

06 Soldier

07 Proposed

08 Possible member

09 Unknown

07 Commission

01 Current member

02 Past member

03 Possible member

04 Associated with

05 Communicates with

06 Relative of member

07 No connection with

08 Best Source

Identity

09 Type of Best Source

C\*  
C-TE  
PC  
C  
PCI

10 Relatives in La Cosa Nostra

01 Blood relation

02 Relation by marriage

03 Both

04 Not related

05 Unknown

11 La Cosa Nostra "Family" of Relatives

12 Citizenship

01 U. S. born

02 Naturalized

03 Denaturalized

04 Resident status

05 Non-citizen

06 Awaiting deportation

07 Deported

09

13 Organization Connection

(Use for non-La Cosa Nostra members only)

01 Yes

02 No

03 Unknown

Type of Gambler

01 Writer

02 Runner-collector

03 Controller

04 Office clerk

05 Banker

06 Layoff man

07 Casino operator

08 Casino employee

09 Dice game operator

10 Dice game employee

11 Cards

12 Other

13 Other

14 Other

15 Other

b7D  
b7E

15 Legitimate Enterprise

None

18 Description

Race

- 01 White  
02 Negro  
03 Other

Complexion

- 01 Light  
02 Ruddy  
03 Dark  
04 Olive  
05 Swarthy

Build

- 01 Small  
02 Slight  
03 Slender  
04 Stocky  
05 Heavy  
06 Obese  
07 Gross  
08 Medium

Height

- 01 Up to 5' 1"  
02 5' 2" - 5' 3"  
03 5' 4" - 5' 5"  
04 5' 6" - 5' 7"  
05 5' 8" - 5' 9"  
06 5' 10" - 5' 11"  
07 5' 11" - 6'  
08 6' 0" - 6' 1"  
09 6' 1" and over

Weight

- 01 Up to 120  
02 121 - 130  
03 131 - 140  
04 141 - 150  
05 151 - 160  
06 161 - 170  
07 171 - 185  
08 186 - 200  
09 Over

16 Illegal Activity

None

19 Areas of Activity Other Than Origin Office  
(Use the initials of office)

- 01 \_\_\_\_\_  
02 \_\_\_\_\_  
03 \_\_\_\_\_  
04 \_\_\_\_\_

20 Places Frequented

ADOLPH'S Restaurant Chicago  
TKB Battery Overthys  
Club 710

17 Nicknames and or Alias

- 01 \_\_\_\_\_  
02 \_\_\_\_\_

Remarks:

CAN travel extensively throughout BA  
will speak 5-10 words fluently  
JUL 1944

NAME: *CAIN, Richard*

VEHICLES

Type of vehicle:  
(see attached page) *None*

Model year:

Make of vehicle:

Model of vehicle:

Vehicle color:  
(see attached page)

Body style of vehicle:  
(see attached page)

Serial number of vehicle:

Verification: \_\_\_\_\_ (see attached page)  
-----

License validity dates:

Name of person or company owning vehicle:

City, state and zip code where owner resides:

Title number:

License tag number and state:

Verification: \_\_\_\_\_ (see attached page)  
-----

Name of second person or company  
owning vehicle:

Verification: \_\_\_\_\_ (see attached page)  
-----

NON-RESIDENCE PHONE

Dates of usage:

Phone number:

Name of subscriber:

Street address, city, state and zip code: *Mexico City, Mexico*

Remarks about usage location, purpose, etc.:

Verification: \_\_\_\_\_ (see attached page)

*92-2652*  
FORM CM-80.

*Paeme*

CAIN

RELATIVES  
(SPOUSE ONLY)

Name of relative:

Maiden name of relative:

Not married

Sex \_\_\_\_\_ Marital Status \_\_\_\_\_

Relationship to subject:

Subrelation to subject:

Verification:  
-----

City, state, and zip code  
where relative was born:

Date of birth:

Country of citizenship:

Verification:  
-----

City, state, and zip code  
where relative died:

Date of death:

Cause of death:

Verification:  
-----

Dates of residence:

Name of apartment, hotel or prison:

Street address, city, state and  
zip code of residence:

Apartment or room number:

Telephone number(s):

Verification:  
-----

FBI  
ALL INFORMATION CONTAINED  
HEREIN IS UNCLASSIFIED  
DATE 8/16/92 BY 9803 RDD/jcl  
75,128

92-2652 Sub 1-7

SEARCHED <u>h</u>	INDEXED <u>h</u>
SERIALIZED <u>h</u>	FILED <u>h</u>
JUL 28 1973	
FBI-CHICAGO	

*[Signature]*

## HANGOUT

## TRAVEL

FBI  
ALL INFORMATION CONTAINED  
HEREIN IS UNCLASSIFIED  
DATE 9/16/92 BY 9803 red/scl  
75128

92-2652 Sub 1-

SEARCHED	INDEXED
SERIALIZED	FILED
MAY 18 1973	
FBI—CHICAGO	

161

Organized Crime & Racketeering Section  
Criminal Division  
United States Department of Justice  
RACKETEER PROFILE



VITAL STATISTICS ON SUBJECT										*BIRTH*		*ADD*BIRTH*		*CHG		*BIRTH*				
BIRTH	VERIFICATION		CITY WHERE SUBJECT WAS BORN																	
	/VER:		/CITY:		CHICAGO															
	STATE (R)		ZIP CODE		DATE OF BIRTH						CITIZENSHIP (R)									
	/ST:		/ZIP:		/FYR:		/FMO:		/FDY:		/CIT:		US							
*DEATH*										*ADD*DEATH*		*CHG		*DEATH*						
DEATH	VERIFICATION		CITY WHERE SUBJECT DIED																	
	/VER:		/CITY:																	
	STATE (R)		ZIP CODE		DATE OF DEATH															
	/ST:		/ZIP:		/TYR:		/TMO:		/TDY:											
	CAUSE OF DEATH																			
/DEAD:																				
PHYSICAL DESCRIPTION										*PHYS*		*ADD*PHYS*		*CHG		*PHYS*				
PHYS	VERIFICATION		MENTAL OR PHYSICAL HEALTH PROBLEM												HAIR COLOR (R)					
	/VER:		/HLTH:		BAD VISION LEFT EYE										/HAIR: BROWN					
	HEIGHT		FINGERPRINT CLASSIFICATION (R)												EYE COLOR (R)					
	/HT:		/FING:														/EYE: BLUE			
	PHYSICAL MARK, SCAR, ETC. (R)						COMPLEXION (R)						WEIGHT							
	/MARK:						/CMPLX:						/WT:							
	RACE (R)						BUILD (R)													
	/RACE:						/BLD:													
	*PHYS*										*ADD*PHYS*		*CHG		*PHYS*					
	VERIFICATION		PHYSICAL MARK, SCAR, ETC. (R)																	
/VER:		/MARK:																		
MENTAL OR PHYSICAL HEALTH PROBLEM																				
/HLTH:																				
SUBJECT'S RESIDENCE/TELEPHONE										*ADDR*		*ADD*ADDR*		*CHG		*ADDR*				
ADDR	APARTMENT, HOTEL, OR PRISON NAME																			
	/EST:																			
	STREET NUMBER						STREET NAME						VERIFICATION							
	/STNBR:						/STNM:						/VER:							
	CITY OF RESIDENCE												STATE (R)							
	/CITY:												/ST:							
	ZIP CODE						DATES OF RESIDENCE													
	/ZIP:						/FYR:		/FMO:		/FDY:		/TYR:		/TMO:		/TDY:			
	APARTMENT OR ROOM NO.						TELEPHONE (1)						TELEPHONE (2)							
	/APT:						/TEL1:						/TEL2:							
EDUCATION										*ED*		*ADD*ED*		*CHG		*ED*				
ED	VERIFICATION		ATTENDANCE DATES																	
	/VER:		/FYR:		/FMO:		/FDY:		/TYR:		/TMO:		/TDY:							
	NAME OF SCHOOL																			
	/EST:																			
	STREET NUMBER						STREET NAME													
	/STNBR:						/STNM:													
	CITY WHERE SCHOOL IS LOCATED												STATE (R)							
	/CITY:												/ST:							
	ZIP CODE						TYPE OF SCHOOL (R)						HIGHEST GRADE COMPLETED (R)							
	/ZIP:						/SCH:						/GRD:							
MAJOR																				
/MJR:																				
MILITARY RECORD										*MIL*		*ADD*MIL*		*CHG		*MIL*				
MIL	VERIFICATION		DATES IN SERVICE																	
	/VER:		/FYR:		/FMO:		/FDY:		/TYR:		/TMO:		/TDY:							
	BRANCH OF SERVICE (R)																			
	/BRCH:																			
	MILITARY OCCUPATIONAL SPECIALITY												HIGHEST GRADE or RANK							
	/MOS:												/RANK:							
	TYPE OF SEPARATION																			
	/SEP:																			
	RESERVE BRANCH (R)												HIGHEST GRADE or RANK (Reserve).							
	/RSRV:												/RNK:							
RESERVE DATES																				
/NYR:		/NMO:		/NDY:		/MYR:		/MMO:		/MDY:										
HOBBY										*HOBBY*		*ADD*HOBBY*		*CHG		*HOBBY*				
HOBBY	KIND OF HOBBY																			
	/HOB:																			
	CITY WHERE HOBBY TAKES PLACE																			
	/CITY:																			
	STATE (R)						ZIP CODE						ANNUAL COST (Dollars)							
/ST:		/ZIP:		/COST:																

NOTE: The information contained herein is for official use only. Neither this document nor its contents will be disseminated without prior consent from the Organized Crime and Racketeering Section and the contributing agency.



Organized Crime & Racketeering Section  
Criminal Division  
United States Department of Justice  
RACKETEER PROFILE



AGENT AND SUBJECT IDENTIFICATION *DATE*												
DATE	NAME OF PERSON SUBMITTING INFORMATION											
	/SUB: ROEMER, WILLIAM F JR											
	DATE		AGENCY			FIELD OFFICE						
	/YR: 73 /MO: 04 /DY: 05		/AGN: FBI			/FLD: E						
	OFFICE PHONE NUMBER											
/PHN: 3124311333												
NEW OR MOD	*NEW* *MOD*											
	VERIFICATION		SUBJECT'S IDENTIFIER									
	/VER:		/IDEN: 68E									
	NAME OF SUBJECT											
	/NAME: CAIN, RICHARD SCALZITTI											
SEX (M or F)		MARITAL STATUS (R)			MAIDEN NAME OF SUBJECT							
/SEX:		/STAT:			/MDN:							
ALIASES												
ALIAS	ALIAS		*ALIAS*		*ADD*ALIAS*		*CHG		*ALIAS*			
	/AKA:											
	ALIAS		*ALIAS*		*ADD*ALIAS*		*CHG		*ALIAS*			
	/AKA:											
	ALIAS		*ALIAS*		*ADD*ALIAS*		*CHG		*ALIAS*			
	/AKA:											
	ALIAS		*ALIAS*		*ADD*ALIAS*		*CHG		*ALIAS*			
	/AKA:											
	ALIAS		*ALIAS*		*ADD*ALIAS*		*CHG		*ALIAS*			
	/AKA:											
NICKNAMES												
NKNM	NICKNAME		*NKNM*		*ADD*NKNM*		*CHG		*NKNM*			
	/NICK:											
	NICKNAME		*NKNM*		*ADD*NKNM*		*CHG		*NKNM*			
	/NICK:											
	NICKNAME		*NKNM*		*ADD*NKNM*		*CHG		*NKNM*			
	/NICK:											
	NICKNAME		*NKNM*		*ADD*NKNM*		*CHG		*NKNM*			
	/NICK:											
	NICKNAME		*NKNM*		*ADD*NKNM*		*CHG		*NKNM*			
	/NICK:											
INVESTIGATION *CINV* *ADD*CINV* *CHG												
CINV	DATE INVESTIGATION BEGAN				DATE INVESTIGATION CLOSED							
	/FYR:		/FMO:		/FDY:		/TYR:		/TMO:		/TDY:	
	TYPE OF INVESTIGATION										AGENCY INVESTIGATING	
	/TINV: ANTI RACKETEERING										/AGYI:	
	ADDITIONAL SOURCE OF INFORMATION *INFO* *ADD*INFO* *CHG										*INFO*	
INFO	NAME OF PERSON IN AGENCY TO CONTACT											
	/NAME:											
	TITLE OF ABOVE INDIVIDUAL											
	/TITLE:											
	DIVISION EMPLOYED BY											
	/DIV:											
	AGENCY NAME											
	/AG:											
	CITY WHERE AGENCY IS LOCATED											
	/CITY:											
	STATE (R)		ZIP CODE		LEVEL OF GOVERNMENT (R)							
	/ST:		/ZIP:		/LVL:							
	*INFO*		*ADD*INFO*		*CHG		*INFO*					
	NAME OF PERSON IN AGENCY TO CONTACT											
	/NAME:											
	TITLE OF ABOVE INDIVIDUAL											
	/TITLE:											
	DIVISION EMPLOYED BY											
	/DIV:											
	AGENCY NAME											
/AG:												
CITY WHERE AGENCY IS LOCATED												
/CITY:												
STATE (R)		ZIP CODE		LEVEL OF GOVERNMENT (R)								
/ST:		/ZIP:		/LVL:								

FORM CM-77

VITAL STATISTICS

Name: RICHARD CAIN

Date of Birth: 10-10-31

Place of Birth: City CHICAGO State ILL

Zip Code

Citizenship: Country USA Verification? (Page 10)

Date of Death:

Place of Death: City

State

Zip Code

Cause of Death:

Verification? (Page 10)

Height: 5'9

Weight: 160

Hair Color: SANDY BROWN

Eye Color: BLUE

Build: MEDIUM

Complexion: FAIR

Race: WHITE

Physical Mark, Scar, Etc: NONE

Mental or Physical

(A) Kind of mark

Health Problem: LEFT EYE PRACTICALLY BLIND

(B) Position

Verification? (p. 10)

(C) Body part

(For above, see page 22)

Residence: Street Number

UNKNOWN

State

Zip Code

City MEXICO

Name of Apartment, Hotel or Prison:

Apartment or Room Number:

Dates of Residence:

Telephone Number (s)

Verification? (Page 10)

Education: 8TH GRADE

Name of School: UNKNOWN

Address: Street Number

State

Zip Code

City

Type of School: GRAMMAR

(p. 18)

Highest Grade Completed: 8TH

(p. 18)

Major:

Attendance Dates: UNKNOWN

ALL INFORMATION CONTAINED

HEREIN IS UNCLASSIFIED

DATE 9/16/92 BY 9803 RDD/gcl

75/28

Verification? (p. 10)

Military Record: USA

Highest Grade or Rank: UNCL

Dates in Service: 1942-1945

Branch of Service: (p. 22)

Military Occupational Speciality:

Type of Separation:

HONORABLE

Reserve Branch:

Highest Grade or Rank (Reserve):

92-2657 Sub 1

Reserve Dates:

Verification?

Hobby: NONE

Kind of Hobby:

Where Hobby Takes Place: City

State

Zip Code

Annual Cost:

Organized Crime & Racketeering Section  
Criminal Division  
United States Department of Justice  
RACKETEER PROFILE



AGENT AND SUBJECT IDENTIFICATION *DATE*												
DATE	NAME OF PERSON SUBMITTING INFORMATION											
	/SUB: ROEMER, WILLIAM F JR											
	DATE		AGENCY				FIELD OFFICE					
	/YR: 73 /MO: 06 /DY: 26		/AGN: FBI				/FLD: 2					
	OFFICE PHONE NUMBER											
/PHN: 3124317333												
NEW OR MOD	*NEW* *MOD*											
	VERIFICATION		SUBJECT'S IDENTIFIER									
	/VER:		/IDEN: 682									
	NAME OF SUBJECT											
	/NAME: CAIN, RICHARD SCALZITTI											
SEX (M or F)		MARITAL STATUS (R)				MAIDEN NAME OF SUBJECT						
/SEX:		/STAT:		/MDN:								
ALIASES												
ALIAS	ALIAS		*ALIAS*		*ADD*ALIAS*		*CHG		*ALIAS*			
	/AKA:											
	ALIAS		*ALIAS*		*ADD*ALIAS*		*CHG		*ALIAS*			
	/AKA:											
	ALIAS		*ALIAS*		*ADD*ALIAS*		*CHG		*ALIAS*			
	/AKA:											
	ALIAS		*ALIAS*		*ADD*ALIAS*		*CHG		*ALIAS*			
	/AKA:											
ALIAS		*ALIAS*		*ADD*ALIAS*		*CHG		*ALIAS*				
/AKA:												
NICKNAMES												
NKNM	NICKNAME		*NKNM*		*ADD*NKNM*		*CHG		*NKNM*			
	/NICK:											
	NICKNAME		*NKNM*		*ADD*NKNM*		*CHG		*NKNM*			
	/NICK:											
	NICKNAME		*NKNM*		*ADD*NKNM*		*CHG		*NKNM*			
	/NICK:											
	NICKNAME		*NKNM*		*ADD*NKNM*		*CHG		*NKNM*			
	/NICK:											
NICKNAME		*NKNM*		*ADD*NKNM*		*CHG		*NKNM*				
/NICK:												
INVESTIGATION *CINV* *ADD*CINV* *CHG												
CINV	DATE INVESTIGATION BEGAN				DATE INVESTIGATION CLOSED							
	/FYR:		/FMO:		/FDY:		/TYR:		/TMO:		/TDY:	
	TYPE OF INVESTIGATION										AGENCY INVESTIGATING	
	/TINV: AR										/AGYI:	
	ADDITIONAL SOURCE OF INFORMATION *INFO* *ADD*INFO* *CHG										*INFO*	
INFO	NAME OF PERSON IN AGENCY TO CONTACT											
	/NAME:											
	TITLE OF ABOVE INDIVIDUAL											
	/TITLE:											
	DIVISION EMPLOYED BY											
	/DIV:											
	AGENCY NAME											
	/AG:											
	CITY WHERE AGENCY IS LOCATED											
	/CITY:											
	STATE (R)		ZIP CODE		LEVEL OF GOVERNMENT (R)							
	/ST:		/ZIP:		/LVL:							
	*INFO*		*ADD*INFO*		*CHG		*INFO*					
	NAME OF PERSON IN AGENCY TO CONTACT											
	/NAME:											
	TITLE OF ABOVE INDIVIDUAL											
	/TITLE:											
	DIVISION EMPLOYED BY											
/DIV:												
AGENCY NAME												
/AG:												
CITY WHERE AGENCY IS LOCATED												
/CITY:												
STATE (R)		ZIP CODE		LEVEL OF GOVERNMENT (R)								
/ST:		/ZIP:		/LVL:								

Organized Crime & Racketeering Section  
Criminal Division  
United States Department of Justice



RACKETEER PROFILE

SUBJECT'S EMPLOYMENT										*EMP*							
EMP	VERIFICATION		DATES OF EMPLOYMENT														
	/VER:		/FYR:		/FMO:		/FDY:		/TYR:		/TMO:		/TDY:				
	NAME OF BUSINESS WHERE EMPLOYED																
	/EST:		UNEMPLOYED														
	STREET NUMBER				STREET NAME												
	/STNBR:		/STNM:														
	CITY WHERE BUSINESS IS LOCATED																
	/CITY:																
	STATE (R)		ZIP CODE				TYPE OF BUSINESS (R)										
	/ST:		/ZIP:		/BUS:												
JOB TITLE (DESCRIPTION OF WORK)										ANNUAL INCOME (IN THOUS.)							
/JOB:										/SAL:							
FINANCIAL HOLDING OR OBLIGATION										*FINAN*		*ADD*FINAN*		*CHG		*FINAN*	
FINAN	VERIFICATION		TYPE OF HOLDING OR OBLIGATION (R)														
	/VER:		/TFIN:														
	NAME OF BUSINESS																
	/EST:																
	STREET NUMBER				STREET NAME												
	/STNBR:		/STNM:														
	CITY WHERE BUSINESS OR REAL ESTATE IS LOCATED																
	/CITY:																
	STATE (R)		ZIP CODE				TYPE OF BUSINESS (R)								% CONTROL		
	/ST:		/ZIP:		/BUS:										/CONT:		
NUMBER OF SHARES (IN 100'S)				FACE VALUE OR PRINCIPAL (IN 100'S)				ANNUAL INCOME (IN 100'S)									
/SHR:				/VALUE:				/INC:									
*FINAN*										*ADD*FINAN*		*CHG		*FINAN*			
FINAN	VERIFICATION		TYPE OF HOLDING OR OBLIGATION (R)														
	/VER:		/TFIN:														
	NAME OF BUSINESS																
	/EST:																
	STREET NUMBER				STREET NAME												
	/STNBR:		/STNM:														
	CITY WHERE BUSINESS OR REAL ESTATE IS LOCATED																
	/CITY:																
	STATE (R)		ZIP CODE				TYPE OF BUSINESS (R)								% CONTROL		
	/ST:		/ZIP:		/BUS:										/CONT:		
NUMBER OF SHARES (IN 100'S)				FACE VALUE OR PRINCIPAL (IN 100'S)				ANNUAL INCOME (IN 100'S)									
/SHR:				/VALUE:				/INC:									
*BANK*										*ADD*BANK*		*CHG		*BANK*			
BANK	VERIFICATION		DATES OF ACCOUNT														
	/VER:		/FYR:		/FMO:		/FDY:		/TYR:		/TMO:		/TDY:				
	TYPE OF ACCOUNT (R)				ACCOUNT NUMBER												
	/ACCT:		/ACCTNBR:														
	NAME OF BANK																
	/EST:																
	BANK BRANCH NAME																
	/BRNM:																
	STREET NUMBER				STREET NAME												
	/STNBR:		/STNM:														
CITY WHERE BANK IS LOCATED																	
/CITY:																	
STATE (R)		ZIP CODE															
/ST:		/ZIP:															
*BANK*										*ADD*BANK*		*CHG		*BANK*			
BANK	VERIFICATION		DATES OF ACCOUNT														
	/VER:		/FYR:		/FMO:		/FDY:		/TYR:		/TMO:		/TDY:				
	TYPE OF ACCOUNT (R)				ACCOUNT NUMBER												
	/ACCT:		/ACCTNBR:														
	NAME OF BANK																
	/EST:																
	BANK BRANCH NAME																
	/BRNM:																
	STREET NUMBER				STREET NAME												
	/STNBR:		/STNM:														
CITY WHERE BANK IS LOCATED																	
/CITY:																	
STATE (R)		ZIP CODE															
/ST:		/ZIP:															

Name: ~~REDACTED~~ RICHARD CAIN 92-2652

Name of Place Frequented: EXECUTIVE HOUSE 71 Club  
(Hangout)

Type of Establishment: Night Club  
(see attached page)

Verification: D, O, I  
(see attached page)

Street Address, City, State, and  
Zip Code Where Establishment is Located: 71 E. Wacker Dr.,  
Chicago

Frequency: Bimonthly  
(see attached page)

Average Length of stay: 1/4  
(in days)

Dates of Travel: Monthly

Name of Lodging:

Street Address, City, State, and Zip Code of Lodging: Mexico City

Mode of Travel: Car

Name of Carrier:

Verification: D, O, I  
(see attached page)

Name: **RICHARD CAIN**  
Dates of Employment:  
Name of Business Where Employed:

Address, City, State, and  
Zip Code Where Employed:

Verification:  
(refer to attached pg. 1) *None*  
Type of Business:  
(refer to attached pg. 1)

Job Title:  
Annual Income:

-----

Type of Financial Holding or  
Obligation: (refer to attached pg. 2)

Verification:  
(refer to attached pg. 1)

Name of Business:

Street Address, City, State, and Zip Code  
Where Business or Real Estate is Located: *None*

Type of Business:  
(refer to attached pg. 1)

Number of Shares:  
Percent(%) Control:  
Face Value or Principal:  
Annual Income:  
(from financial holdings)

-----

Type of Bank Account:  
(refer to attached pg. 2)  
Verification:  
(refer to attached pg. 1)

Dates of Account: *None*  
Account Number:  
Name of Bank:  
Bank Branch Name:  
Street Address, City, State,  
and Zip Code of Bank:

92-2652 Sub 1 - 3

SEARCHED <input checked="" type="checkbox"/>	INDEXED <input checked="" type="checkbox"/>
SERIALIZED <input checked="" type="checkbox"/>	FILED <input checked="" type="checkbox"/>
MAY 16 1973	
FBI - CHICAGO	
<i>[initials]</i>	

FBI  
ALL INFORMATION CONTAINED  
HEREIN IS UNCLASSIFIED  
DATE 9/16/92 BY 9803 add/scd  
75,128

92-2652 Sub 1-2

FBI  
ALL INFORMATION CONTAINED  
HEREIN IS UNCLASSIFIED  
DATE 9/16/92 BY 9803 RDD/scl  
75,128

SEARCHED	INDEXED
SERIALIZED	FILED
JAN 12 1973	
FBI - CHICAGO	

RFB

SEARCHED	INDEXED
SERIALIZED	FILED
JAN 12 1973	
FBI - CHICAGO	



Organized Crime & Racketeering Section  
Criminal Division  
United States Department of Justice  
RACKETEER PROFILE



AGENT AND SUBJECT IDENTIFICATION *DATE*										
DATE	NAME OF PERSON SUBMITTING INFORMATION									
	/SUB: ROEMER, WILLIAM F JR									
	DATE		AGENCY				FIELD OFFICE			
	/YR: 73 /MO: 01 /DY: 11		/AGN: FBI				/FLD: E			
	OFFICE PHONE NUMBER									
/PHN: 312 431 1333										
NEW OR MOD	*NEW* *MOD*									
	VERIFICATION		SUBJECT'S IDENTIFIER							
	/VER: V		/IDEN: 68E							
	NAME OF SUBJECT									
	/NAME: CAIN, RICHARD SCALZITTI									
SEX (M or F)		MARITAL STATUS (R)				MAIDEN NAME OF SUBJECT				
/SEX: M		/STAT: D				/MDN:				
ALIASES										
ALIAS	ALIAS *ALIAS*		*ADD*ALIAS*		*CHG		*ALIAS*			
	/AKA: SCALZITTI, RICARDO									
	ALIAS *ALIAS*		*ADD*ALIAS*		*CHG		*ALIAS*			
	/AKA: SCALZITTI, RICHARD									
	ALIAS *ALIAS*		*ADD*ALIAS*		*CHG		*ALIAS*			
	/AKA: SCALZETTI, RICHARD									
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	/AKA:									
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	/AKA:									
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/AKA:										
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	/NICK:									
NICKNAME *NKNM*		*ADD*NKNM*		*CHG		*NKNM*				
/NICK:										
INVESTIGATION *CINV* *ADD*CINV* *CHG *CINV*										
CINV	DATE INVESTIGATION BEGAN					DATE INVESTIGATION CLOSED				
	/FYR: 68 /FMO: 07 /FDY: 31 /TYR: 00 /TMO: 00 /TDY: 00									
	TYPE OF INVESTIGATION					AGENCY INVESTIGATING				
	/TINV:					/AGYI:				
ADDITIONAL SOURCE OF INFORMATION *INFO* *ADD*INFO* *CHG *INFO*										
INFO	NAME OF PERSON IN AGENCY TO CONTACT									
	/NAME:									
	TITLE OF ABOVE INDIVIDUAL									
	/TITLE:									
	DIVISION EMPLOYED BY									
	/DIV:									
	AGENCY NAME									
	/AG:									
	CITY WHERE AGENCY IS LOCATED									
	/CITY:									
	STATE (R)		ZIP CODE		LEVEL OF GOVERNMENT (R)					
	/ST:		/ZIP:		/LVL:					
	*INFO*		*ADD*INFO*		*CHG		*INFO*			
	NAME OF PERSON IN AGENCY TO CONTACT									
/NAME:										
TITLE OF ABOVE INDIVIDUAL										
/TITLE:										
DIVISION EMPLOYED BY										
/DIV:										
AGENCY NAME										
/AG:										
CITY WHERE AGENCY IS LOCATED										
/CITY:										
STATE (R)		ZIP CODE		LEVEL OF GOVERNMENT (R)						
/ST:		/ZIP:		/LVL:						

NOTE: The information contained herein is for official use only. Neither this document nor its contents will be disseminated without prior consent from the Organized Crime and Racketeering Section and the contributing agency.

Organized Crime & Racketeering Section  
Criminal Division  
United States Department of Justice  
RACKETEER PROFILE



SUBJECT'S IDENTIFYING NUMBERS										(*ID*)		*ADD*ID*		*CHG						*ID*	
VERIFICATION										FBI NUMBER											
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ORG. CRIME & RACKET. #										SOCIAL SECURITY NUMBER											
/OCR: <input type="checkbox"/>										/SSN: 357223335											
CRIMINAL IDENTIFICATION NUMBER																					
/PD: <input type="checkbox"/>																					
NAME OF AGENCY WHICH ASSIGNED ABOVE NUMBER																					
/AGENCY: <input type="checkbox"/>																					
STATE (R)										ZIP CODE											
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NAME OF AGENCY WHICH ASSIGNED ABOVE NUMBER																					
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/OCR: <input type="checkbox"/>										/SSN: <input type="checkbox"/>											
CRIMINAL IDENTIFICATION NUMBER																					
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VERIFICATION										CRIMINAL IDENTIFICATION NUMBER											
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/OCR: <input type="checkbox"/>										/SSN: <input type="checkbox"/>											
CRIMINAL IDENTIFICATION NUMBER																					
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STATE (R)										ZIP CODE											
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VERIFICATION										CRIMINAL IDENTIFICATION NUMBER											
/VER: <input checked="" type="checkbox"/>										/PD: <input type="checkbox"/>											
NAME OF AGENCY WHICH ASSIGNED ABOVE NUMBER																					
/AGENCY: <input type="checkbox"/>																					
STATE (R)										ZIP CODE											
/ST: <input type="checkbox"/>										/ZIP: <input type="checkbox"/>											
*ID*										*ADD*ID*		*CHG				*ID*					

LICENSE OR MISCELLANEOUS NUMBERS										(*NBR*)		*ADD*NBR*		*CHG				*NBR*																																																			
VERIFICATION										DATE OF ISSUE										DATE OF EXPIRATION																																																	
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TYPE OF NUMBER OR LICENSE																																																																					
/TNBR: PASSPORT																																																																					
NUMBER																																																																					
/NBR: 0624172																																																																					
ISSUING AGENCY																				ISSUING STATE (R)																																																	
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TYPE OF NUMBER OR LICENSE																																																																					
/TNBR: <input type="checkbox"/>																																																																					
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/NBR: <input type="checkbox"/>																																																																					
ISSUING AGENCY																				ISSUING STATE (R)																																																	
/AGY: <input type="checkbox"/>																				/ST: <input type="checkbox"/>																																																	
*NBR*										*ADD*NBR*		*CHG				*NBR*																																																					
VERIFICATION										DATE OF ISSUE										DATE OF EXPIRATION																																																	
/VER: <input checked="" type="checkbox"/>										/FYR: <input type="checkbox"/>										/FMO: <input type="checkbox"/>										/FDY: <input type="checkbox"/>										/TYR: <input type="checkbox"/>										/TMO: <input type="checkbox"/>										/TDY: <input type="checkbox"/>									
TYPE OF NUMBER OR LICENSE																																																																					
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/NBR: <input type="checkbox"/>																																																																					
ISSUING AGENCY																				ISSUING STATE (R)																																																	
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UNITED STATES GOVERNMENT

# Memorandum

TO : SAC, CHICAGO (92-350-Sub 24)

FROM : SUPERVISOR VINCENT L. INSERRA

DATE: 12/20/72

SUBJECT: RACKETEER PROFILE PROGRAM  
CHICAGO DIVISION

ALL INFORMATION CONTAINED  
HEREIN IS UNCLASSIFIED  
DATE 9/16/92 BY 983 rdd/scl  
#75128

In connection with captioned matter, the following  
Chicago hoodlums are being designated for inclusion in this  
program:

<u>Subject</u>	<u>CG File No.</u>	<u>Agent Assigned</u>
CAIN, RICHARD	92-2652 ✓	ROEMER
CALABRESE, FRANK	92-2332	
	92-1755	
CAMPISE, JASPER	92-1478	
CAIONE, JOHN ERIMINO	92-370	
	92-3292	
CARUSO, FRANK "SKID"	92-1438	
CATUARA, JAMES	92-1371	
"The Bomber"		
CERONE, FRANK JOHN, aka	92-1364	
"Skippy"	182-225	
	92-1725	
CIMITILE, JOHN	92-2040	
	92-3290	
CLEMENTI, PASQUALE	92-2928	
COLI, ECO	92-2909	BONNER
COLIANNI, CARLO	92-2813	
	92-1388	
COLUCCI, JOSEPH	92-2008	
CORNGOLD, JOSEPH	92-468	
	92-1728	

b6  
b7C

Agents to whom these cases are assigned are  
requested to promptly execute the appropriate Racketeer  
Profile Forms which will be transmitted to the Bureau by  
SA ROBERT L. MALONE, coordinator of this program.

- 1 - C-1 Tickler
- 1 - C-10 Tickler
- 1 - SA MALONE Tickler
- 1 - Each Case Listed Above

VLI/vel  
(24)



open 92-  
sub file  
VLI

92-2652 Sub-1-

SEARCHED	INDEXED
SERIALIZED	FILED
DEC 21 1972	
FBI - CHICAGO	

Roemer / SK